

Hazardous Waste Section
File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCR000149310
Facility Name: SPIRIT AEROSYSTEMS INC-CMF BLDG
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 8/31/2015
Author of Doc: HARRY KAGEL

File Room Use Only

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NCR000149310

Scanner's Initials:

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North Carolina Department of Environment and Natural Resources

Pat McCrory
Governor

Donald R. van der Vaart
Secretary

September 22, 2015

HARRY KAGEL
SPIRIT AEROSYSTEMS INC-CMF BLDG
2812 ROUSE RD EXT
KINSTON, NC 28504

RE: EPA ID # NCR000149310 - SPIRIT AEROSYSTEMS INC-CMF BLDG

Dear Facility Contact:

The North Carolina Hazardous Waste Section has received Subsequent Notification from your facility. Our office has accepted and processed the changes. Attached is a RCRA Site Detail Report for your review to ensure that the information is accurate.

If you have any questions or need assistance, please feel free to contact Melodi Deaver at (919)-707-8204.

Sincerely,

Patricia Davalos
Business Officer/Supervisor,
HW Financial and Information Management Unit

cc: Central Files (General)

IBEAM - RCRA Site Detail

Report run on: September 22, 2015

NCR000149310 SPIRIT AEROSYSTEMS INC-CMF BLDG

County: LENOIR Source Type: S Seq. Number: 7 Receive Date: 08 Sep 2015

Location 2600 AEROSYSTEMS BLVD
Address: KINSTON, NC 28504

Mailing 2812 ROUSE RD EXT
Address: KINSTON, NC 28504

Contact Person HARRY KAGEL 2812 ROUSE RD EXT
For Source (252) 775-4648 KINSTON, NC 28504
Information US

Owner (current) SPIRIT AEROSYSTEMS INC 2812 ROUSE RD EXT
KINSTON, NC 28504 Type: P
From: 07/01/2010 To: Phone: (252) 775-4648

Operator (current) SPIRIT AEROSYSTEMS INC 2812 ROUSE RD EXT
KINSTON, NC 28504 Type: P
From: 07/01/2010 To: Phone: (252) 775-4648

Land Type: P **Non Notifier :** E **Commercial Availability:** **Tsd Date:**
Accessibility: **No. Employees :** **State District:**

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Large Quantity Generator; State: Large Quantity Generator

Transfer Facility:

Used Oil Activities

Other Hazardous Waste Generator Activities

Importer Activity: No
Mixed Waste Generator: No

Transporter Activity: No
TSD Activity: No
Recycler Activity: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: No
Smelting, melting, Refining Furnace Exemption: No

Used Oil Transport Activity
Transporter: No
Transfer Facility: No

Used Oil Processor and/or Re-refiner Activity
Processor: No
Refiner: No

Underground Injection Control: No

Off-Specification Used Oil Burner: No

Used Oil Fuel Marketer Activity
Marketer who direct shipment off-specification used oil to off-specification used oil burner: No
Marketer who first claims the used oil meets the specifications: No

Destination Facility for Universal Waste: No

Certification Information

First Name : HARRY
Last Name : KAGEL

Title EHS MGR
Date Signed 08/31/2015

NAICS Codes

336411

Comments

UPDATED 8700-12 DATED 8/31/2015 SITE CONTACT PERSON INFOR. UPGRADING FROM SQG TO LQG.
MD 9/21/2015



North Carolina Department of Environment and Natural Resources
Division of Waste Management
Hazardous Waste Section

2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE
SPIRIT AEROSYSTEMS INC-CMF BLDG
2812 ROUSE RD EXT
KINSTON, NC 28504

FACILITY LOCATION ADDRESS:

HARRY KAGEL
SPIRIT AEROSYSTEMS INC-CMF BLDG
2600 AEROSYSTEMS BLVD
KINSTON NC 28504

| FACILITY EPA ID # | INVOICE # | INVOICE DATE | AMOUNT DUE | DUE DATE | ENTER AMOUNT PAID |
|-------------------|-----------|--------------|-------------|------------|-------------------|
| NCR000149310 | HW70639.1 | 9/22/2015 | \$ 1,225.00 | 10/22/2015 | |

- A. Fee Requirements: Pursuant to North Carolina General Statute 130A-294.1, a Facility must pay fee(s) based on its hazardous waste management activities. The fees are used to support government programs that ensure the safe management of hazardous waste. Failure to pay the required fees could result in an enforcement action with a penalty.
- B. Invoice amount is based on the registered status as of the invoice date and includes any past-due balances. A 10% late-payment penalty has been assessed for Fiscal Year 2014 if the annual fee was not paid by June 30, 2015.
- C. If Fiscal Year 2015 annual fees are not paid by June 30, 2016, the facility must pay a late-payment penalty of 10% of the total amount due.
- D. In accordance with N.C.G.S. § 147-86.23, a facility may petition for waiver of any late-payment penalty but the Hazardous Waste Section will only grant a waiver for good cause shown.


| FACILITY STATUS | FEE | TONNAGE | AMOUNT DUE |
|--------------------------|-----------|------------------|------------|
| LARGE QUANTITY GENERATOR | \$1400.00 | ----- | \$1,400.00 |
| | | PAST DUE | \$0.00 |
| | | CREDIT | \$-175.00 |
| | | TOTAL AMOUNT DUE | \$1,225.00 |

E. Remit Payment :

To pay via electronic bank transfer (e-check), go to <http://portal.ncdenr.org/web/wm/hw/epayment>. You will need your EPA facility ID# and invoice number, as well as your bank routing and account numbers. There is no fee for electronic transfers. Partial payments are not allowed with this payment method.

To pay via mail with a paper check or money order, please make payable to **N.C. Hazardous Waste Section**. Include EPA ID# and Invoice # on check. Please note per NC General Statute (G.S. 25-3-506), a \$25.00 processing fee will be charged on all returned checks. Please return a copy of this invoice with your payment to:

ATTN: PATRICIA DAVALOS
NC HAZARDOUS WASTE SECTION
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699-1646

| | | |
|---|--|--|
| SEND COMPLETED FORM TO: The Appropriate State or Regional Office. | <div style="text-align: center;"> United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM </div> <div style="text-align: right;"> RECEIVED SEP 2015 Hazardous Waste Section </div> <div style="text-align: right;">  </div> | |
| 1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY | Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations) | |
| 2. Site EPA ID Number | EPA ID Number N C R 0 0 0 1 4 9 3 1 0 | |
| 3. Site Name | Name: Spirit Aerosystems, Inc. - CMF Building | |
| 4. Site Location Information | Street Address: 2600 Aerosystems Blvd. | |
| | City, Town, or Village: Kinston | County: Lenoir |
| | State: North Carolina | Country: USA Zip Code: 28504 |
| 5. Site Land Type | <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | |
| 6. NAICS Code(s) for the Site (at least 5-digit codes) | A. 3 3 6 4 1 1 | C. |
| | B. | D. |
| 7. Site Mailing Address | Street or P.O. Box: 2812 Rouse Road Ext. | |
| | City, Town, or Village: Kinston | |
| | State: North Carolina | Country: USA Zip Code: 28504 |
| 8. Site Contact Person | First Name: Harry MI: G Last: Kagel | |
| | Title: EHS Manager | |
| | Street or P.O. Box: 2812 Rouse Road Ext. | |
| | City, Town or Village: Kinston | |
| | State: North Carolina | Country: USA Zip Code: 28504 |
| | Email: harry.g.kagel@spiritaero.com | |
| | Phone: 252-775-4648 | Ext.: Fax: 252-522-1033 |
| 9. Legal Owner and Operator of the Site | A. Name of Site's Legal Owner: Spirit Aerosystems, Inc. Date Became Owner: July 1, 2010 | |
| | Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | |
| | Street or P.O. Box: 2812 Rouse Road Ext. | |
| | City, Town, or Village: Kinston Phone: 252-775-4648 | |
| | State: Kinston | Country: USA Zip Code: 28504 |
| | B. Name of Site's Operator: Spirit Aerosystems, Inc. Date Became Operator: July 1, 2010 | |
| | Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other | |

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

| | | | | | | |
|------|------|------|------|------|------|------|
| D001 | D003 | D007 | D009 | F003 | F005 | F019 |
| U002 | U220 | U239 | | | | |
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B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

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August 31, 2015

Ms. Patricia Davalos
North Carolina Division of Waste Management
Hazardous Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646

RECEIVED
SEP 2015
Hazardous
Waste Section

Dear Ms. Davalos,

Please find attached to this cover letter EPA Form 8700 "RCRA Subtitle C Site Identification Form" for the Spirit Aerosystems, Inc. Composite Manufacturing Facility (CMF) located at 2600 Aerosystems Blvd, Kinston, NC, 28504. The form is being submitted to provide a Subsequent Notification to update site identification information for this location. Specifically the Subsequent Notification is being submitted to increase our hazardous waste generator status to a Large Quantity Generator (LQG).

If you have any questions or need more information, please feel free to give me a call at (252) 775-4648.

Regards,

A handwritten signature in black ink that reads "Harry G. Kagel". The signature is written in a cursive, flowing style.

Harry G. Kagel
EH&S Manager
Spirit AeroSystems, Inc.
2600 Aerosystems Blvd.
Kinston, NC 28504
252-775-4648

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes," mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.

☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.

☐ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

Y ☐ N ☒**2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.Y ☐ N ☒**3. United States Importer of Hazardous Waste**Y ☐ N ☒**4. Mixed Waste** (hazardous and radioactive) GeneratorY ☐ N ☒**5. Transporter of Hazardous Waste**

If "Yes," mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace**
If "Yes," mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter**

If "Yes," mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes," mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes," mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed
(mm/dd/yyyy)



Harry Kagel, EHS Manager

08/31/2015